

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>thw</i>	<i>6264</i>	<i>10/03/00</i>
O.I.P.E. CLASSIFIER	<i>Q</i>	<i>71098</i>	<i>10/10/00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
= ..... Allowed  
- (Through numeral)..... Canceled  
+ ..... Restricted  
N ..... Non-elected  
I ..... Interference  
A ..... Appeal  
O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
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